



**Australian Government**  

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**Department of Veterans' Affairs**

**Rehabilitation Appliances Program (RAP)**

# **National Guidelines**

**November 2018**

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## Introduction and general guidance

### The RAP National Guidelines

RAP Guidelines have been prepared to assist delegates, advisers, assessing health providers and suppliers when determining eligibility, assessing for, approving and supplying RAP items

These Guidelines are not legally binding. However, in cases where a delegate, adviser, or assessing health provider intends to depart from them, written reasons for so doing should be provided.

### Legislative basis

The Treatment Principles prepared by the Repatriation Commission under s.90 of the *Veterans' Entitlements Act 1986* (VEA) authorise the Department to supply aids and appliances to entitled persons.

### Recipients of residential and community care

Entitled persons requiring a greater level of care (as determined by their Aged Care Funding Instrument (ACFI) classification) in a Commonwealth funded RACF are **not** provided with RAP equipment. However, RAP items issued prior to entrance into RACF, regardless of the level of care, may be retained subject to the approval of the RACF.

The threshold for a person requiring a greater level of care within a residential aged care facility is as described in paragraph 7(6)(a) of the *Quality of Care Principles 2014*. This will generally be a person who is identified as having a high domain category in any one ACFI domain or a medium domain category in at least two ACFI domains.

Approved providers of Commonwealth funded aged care services are required to provide care and services as specified under the *Aged Care Act 1997* and *Quality of Care Principles 2014*. The *Quality of Care Principles 2014* Schedule 1, Parts 1 and 2, lists the specified care, services and equipment to be provided for all residents who need them at the expense of the Commonwealth funded RACF. However, if RAP equipment is customised for a particular entitled person, then provision at DVA expense **may be** considered, subject to assessed clinical need(s).

Entitled persons requiring a lesser level of care (as determined by a person's ACFI classification) in a Commonwealth funded RACF and those receiving Home Care Packages **may be** eligible for provision of RAP equipment if additional criteria are met.

Entitled persons receiving Level 1 or 2 Home Care **may** also be eligible for provision of aids and appliances if additional criteria are met.

#### **My Aged Care website**

The *My Aged Care* website ([www.myagedcare.gov.au](http://www.myagedcare.gov.au)) and phone line (1800 200 422) is now available to assist people to find clear and reliable information on aged care services. The *My Aged Care* website provides up-to-date information about aged care and healthy and active living.

**NB: the Aged Care system is currently undergoing significant reform. This information should be taken as a general guide only, and subject to change.**

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## Hospitals

RAP aids and appliances will not be provided to entitled persons who are receiving in-patient treatment at a private or public hospital. There are no exceptions to this rule.

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## Eligibility

Where the entitled person is the holder of a Repatriation Health Card—For All Conditions (Gold Card), there should be an assessed clinical need for the aid or appliance except where expressly provided for to the contrary in the *Treatment Principles* and these Guidelines.

Holders of a Repatriation Health Card—For Specific Conditions (White Card) should have an assessed clinical need for the aid or appliance due to a war caused injury/disease and/or as specified under Treatment Principle (TP) 2.4.

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## Issues to be considered before supplying a RAP aid or appliance

1. Before a RAP aid or appliance can be provided the entitled person should:
  - Be eligible (see above);
  - have a clinically assessed need for the aid or appliances; and
  - meet any additional criteria laid down in the Guideline.
2. The aid or appliance should be the most cost-effective and clinically appropriate option, having regard to all of the entitled person's relevant circumstances.

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## Notifications

When the Department has approved the provision of an aid or appliance that requires prior approval, notification is sent to:

- the entitled person and/or their carer, detailing their responsibilities;
- the assessing health provider; **and**
- the supplier.

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## Order form

When provision has been approved, the completed order form shall be sent by the assessing health provider to the appropriate supplier of the aid or appliance.

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## Usage

The aid or appliance should be used safely and only for the purpose for which it was designed.

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## Maintenance and repairs

In most cases the entitled person or their carer should be able to arrange maintenance through the supplier. Where this is not practicable, they should contact the Department for assistance.

The entitled person or their carer should not attempt to make repairs to the aid or appliance.

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**Return**

When a RAP aid or appliance is no longer required the Department should be contacted to determine whether it is to be returned, retained, or disposed of.

CHAPTER 2

**National Guideline**

for

**Adjustable Electrical Beds**

(RAP Schedule No AB01)

**NOTE:** PRIOR APPROVAL IS **NOT REQUIRED** FOR THE SUPPLY OF ADJUSTABLE ELECTRICAL BEDS; HOWEVER, ADDITIONAL CRITERIA MAY APPLY THAT DELEGATES AND ASSESSING HEALTH PROVIDERS SHOULD BE AWARE OF. PRIOR APPROVAL IS REQUIRED FOR COMPANION BEDS.

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**Definition of an adjustable bed**

An adjustable bed is a single, electronically operated, high/low bed with position adjustments to the backrest and leg rest area, and/or adjustable height.

Single beds are the most appropriate as they allow ease of access for attending health providers, particularly nurses. In consequence only single adjustable beds will be provided unless there are exceptional clinical circumstances as assessed by an appropriately qualified health provider that can only be served by a larger adjustable bed.

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**Ancillary equipment**

The health provider must order any ancillary equipment that is required in conjunction with the high/low bed.

Ancillary equipment for adjustable beds includes:

- standard hospital or pressure care mattresses.
- bed pole/bed stick;
- bed sides;
- IV pole;
- drop-down ends for adjustable length;
- lockable castors;
- drainage bag holders;
- foot boards;

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**Companion beds**

A companion bed is a non-mechanical detachable bed for partners, designed to be paired with an adjustable bed. They are detachable to allow ease of access to attending health providers/carers should the need arise.

A companion bed should only be prescribed in conjunction with a clinically required adjustable bed, as it will be prescribed for attachment to the adjustable bed. An environmental assessment of available space should take into account current or future aids such as walking frames, wheelchairs and hoists as well as access for current or future attending health providers/carers.

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**Australian Standards**

The adjustable beds provided should conform to Australian Standard [AS/NZS ISO 9999:2011](#).

There is currently no Australian Standard for companion beds.

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**Assessment**

An assessment is to be conducted by a suitably qualified health provider to:

- identify the clinical need for an adjustable bed;
- decide, in partnership with the entitled person (and/or their carer or representative) which type of on-contract bed is most appropriate, and provide clinical information (where prior approval is required) to support this decision;
- provide advice and any necessary training for the entitled person and/or carer; and
- consider access issues, eg: where the bed will be used, access through doorways, hallways, etc.

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**Additional Criteria**

The following additional criteria should be considered before the provision of an adjustable bed to an entitled person:

1. other assistive devices to improve bed mobility have been demonstrably ineffective;
2. the entitled person requires assistance with bed mobility and transfers;
3. the provision of an adjustable bed will allow the entitled person to be cared for in their home; and
4. the entitled person requires a high level of nursing care within their home.

The provision of a companion bed may also be considered, depending on the individual circumstances of the entitled person. The provision of a companion bed requires prior approval from DVA.

## CHAPTER 3

# **National Guideline**

for

## **Assistive Communication Devices**

(RAP Schedule No BA04 and BA14)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of an assistive communication device**

An assistive communication device is a device that assists entitled persons who have complex communication needs. Such devices may include speech-generating devices, tablet computers and smart phones with preloaded speech pathology applications, modified personal computers, and communication boards. Assistive communication devices can also incorporate text to speech and symbol/picture communication applications and software, memory aids and word prediction facilities.

Only one tablet or smart phone will be provided unless there is an assessed clinical need to the contrary. Only one assistive communication device will be provided unless there is an assessed clinical need to the contrary.

**NB: Tablet computers and smart phones are provided solely for the purpose of running speech pathology applications. Provision for any other purpose will not be considered. A smart phone will only be supplied where the entitled person has a particular need that cannot be fulfilled by a tablet.**

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**Australian standards**

There are no Australian Standards for assistive communication devices. If Australian Standards are developed, compliance would be required.

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**Assessment**

A request for an assistive communication device needs to be accompanied by an assessment and report by a Speech Pathologist. The assessment and report are required to:

- Provide information to the Department to support the need for an assistive communication device. This should include information on:
  - the extent and nature of the functional speech limitation;
  - the extent and nature of any language or cognitive impairment;
  - the extent and nature of any functional problems with using a device (eg. inability to use hands, to see a keyboard or to use spelling);
  - the situations in which the entitled person will use the device;
  - the disadvantages the entitled person will suffer if a device is not supplied;
  - the benefits it is expected will accrue from the supply of the device;
  - a comprehensive feature matching assessment with at least two devices to ensure that all options are explored; and
- Suggest a specific device for the entitled person considering all the above information plus:
  - the mobility of the entitled person and how portable the device needs to be;
  - the most cost-effective device currently available;
  - the extent of the entitled person's familiarity with new technologies such as tablet computers and smart phones (where relevant); and
  - the degree of support available from the treating speech pathologist; and
- Provide any necessary training in the use of the device.

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**Additional criteria**

The following additional criteria should be considered before recommending an assistive communication device:

- a speech pathologist has certified that the entitled person has complex communication needs;
- the entitled person has sufficient physical and cognitive abilities to operate the device; and
- the entitled person may be supplied with an assistive communication device if they have a clinical requirement for it because they are legally blind.

CHAPTER 4

**National Guideline**  
for  
**Closed Circuit Television (CCTV)**  
(RAP Schedule No. AN11)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of a CCTV**

A Closed Circuit Television (CCTV) consists of a system connected to a dedicated monitor for the purpose of magnifying text and other images, to assist people with low vision.

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**Australian Standards**

There are no Australian Standards for CCTV. If Australian Standards are developed, compliance would be required.

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**Assessment and report**

An assessment and report by the assessing health provider are required to:

- provide clinical information to the Department to support the need for a CCTV;
- explore and record alternative equipment options available to meet the clinical need; and
- provide advice and any necessary training if approved.

A full written report should accompany requests for the provision of CCTVs (see attached).

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**Additional criteria**

The following additional criteria should be met before issuing a CCTV:

- The entitled person should have either:
  - Distance vision (corrected) in the range of 6/60 or worse with the better eye, and/or
  - Near vision (corrected) in the range of N14, or worse;

**OR**

- Distance vision (corrected) in the range of 6/60 or less in the better eye, and/or
  - Significant field defects, and/or
  - No measurable near vision.
- The entitled person should also have a sufficient level of physical and cognitive function to operate the equipment.



Entitled person's Functional Status	
Physical function, including mobility and details of any equipment used	
Upper limb function	
Cognitive function and competence to operate a CCTV	

Entitled person's Social Situation	
The entitled person lives:	<input type="checkbox"/> alone <input type="checkbox"/> with a partner <input type="checkbox"/> other
Ability of partner/carer to carry out the tasks for which the CCTV is being requested, e.g. reading	

Assessment Results	
Provide details of alternative equipment trialed and the results	
CCTVs trialed and results	

Recommendation	
Full details (make, model and any necessary accessories) of equipment recommended, and the approximate cost. Justify your recommendation.	
Prescriber's signature	
Date	/ /200

CHAPTER 5

**National Guideline**

for

**Vehicle Modifications**

(RAP Schedule No. AP01)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of vehicle modifications**

A vehicle modification is a modification made to a car/van (hereafter “vehicle”) to allow an entitled person with a disability to access, and drive, or travel in. These include modifications and equipment to assist with transfers, manual wheelchair transport (by way of hoists), seating needs, customised driving controls and other related devices.

Manual vehicles will not normally be converted to automatic.

Modifications are only to be undertaken by appropriately qualified persons.

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**State legislative requirements**

Modifications that require alteration(s) to driving controls may require local licence endorsement. In all instances, these modifications should conform with relevant State/Territory Government requirements.

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**Australian Standards**

Australian Standards include “Motor Vehicle controls/adaptive systems for people with disabilities/general requirements” AS3954.1/1991, and “Motor vehicle controls/adaptive systems for people with disabilities/hand controls/product requirements”, AS3954.2/1991.

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**Special eligibility requirements**

The entitled person should have an assessed clinical need for vehicle modifications due to a war-caused injury or disease/accepted disability (WCI/AD).

This applies to both Gold and White Card holders.

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**Initial request**

The initial request for car modification/s should come from the assessing health provider(s) specified in the Schedule: certified driving Occupational Therapist, LMO/GP, or Specialist. The request should provide all necessary clinical information.

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**Prior approval**

Prior approval is required before proceeding with each stage of the modification process, that is:

- initial assessment;
- remedial lessons/reassessment; and
- installation of modifications.

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## **Vehicle ownership and licences**

The entitled person must verify ownership of the vehicle, and possession of a suitably endorsed licence where required – by them or some other person who will have responsibility for driving the vehicle – before the Commission will proceed with modification.

If the vehicle was purchased with the knowledge of specific disability requirements that have not or cannot be readily met (eg. inadequate car boot space for wheelchair or inappropriate seat height and depth compromising transfer ability), the Commission will not necessarily fund equipment and modifications.

The age and condition of the vehicle should be taken into consideration. The purchase of a new or second-hand vehicle with the necessary modification(s) in place may be considered where that is the most cost-effective and clinically appropriate option.

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## **Assessment**

Following the initial request, the responsible assessing health provider (usually a certified driving OT) is required to undertake an assessment and provide a report to the Department which sets out

- relevant clinical information in support of the request
- details of the entitled person’s physical, cognitive, and visual-spatial abilities;
- that the vehicle modifications:
  - are the most appropriate;
  - have been determined in partnership with the potential user (and their carer as appropriate);
  - have been assessed against other less expensive options (eg: manual lightweight wheelchair with quick release axles to enable car boot storage as an alternative to a car hoist); and
  - have been trialled to determine suitability.
- quotations for the modifications;
- details of any necessary training and advice that has been or will be provided.

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## **Additional criteria**

The following additional criteria should be met before approving car/van modifications:

1. the entitled person should be unable to safely drive or travel in an unmodified vehicle; and
2. the entitled person should, where they are the driver, have an appropriate level of physical function to safely operate the modified vehicle.

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**Notification to the entitled person**

Notification to the entitled person should include:

- information about their responsibility to use the modified vehicle safely and in accordance with Local and State/Territory government requirements;
- the requirement for entitled person or their carer, as appropriate, to report any emergent circumstances that may impact upon the entitled person's ability to safely drive the modified vehicle to the certified driving OT, LMO/GP or Specialist;
- advice that the Department is not liable for any accident in which the vehicle may be involved; and
- a recommendation that the entitled person should advise their insurance company of the vehicle modification.

CHAPTER 6

**National Guideline**

for

**Driving Assessments**

(RAP Schedule No. AP24)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of a driving assessment**

A driving assessment is an assessment of a person's driving skills undertaken by a certified driving Occupational Therapist, in conjunction with a suitably qualified driving instructor to identify a need for car/van modification(s).

Driving assessments do not include assessment for fitness to drive or cognitive ability to drive and/or driver rehabilitation/refresher lessons.

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**Remedial driving lessons**

Refer to RAP Schedule number AP20

## **Prior to recommending a driving assessment**

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**Initial request**

The initial request for a driving assessment should be from a LMO/GP or Specialist.

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**Prior approval**

Prior approval is required before proceeding with the assessment process. This applies to both:

- the initial assessment; and
- remedial lessons/reassessment.

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**Individual circumstances**

Consideration should be given to what particular circumstances prompted the request for the driving assessment?

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**Special eligibility requirements**

The entitled person should have an assessed clinical need for a driving assessment due to a **WCI/AD**.

This applies to both Gold and White Card holders.

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**Assessment**

Assessment and report by a certified driving OT, in conjunction with a suitably qualified driving instructor is required to address the following issues:

- the entitled person's visual, cognitive and visual-spatial abilities; and
- their ability to safely operate the vehicle.

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**Recommendation**

Once the driving assessment has been completed, a recommendation is made to:

- the entitled person, including a list of their responsibilities;
- the assessing health provider; and
- the State/Territory Licensing Authority.

CHAPTER 7

**National Guideline**

for

**Electric Mobility Aids (Scooters, and Electric  
Wheelchairs and Power Assist Devices)**

(RAP Schedule Nos AP05, & AP16 & AP25)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of an Electric Scooter**

An electric scooter is an electrically powered vehicle with three or more wheels intended for use by persons with impaired mobility.

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**Definition of an Electric Wheelchair**

An electric wheelchair (EWC) is an electrically powered wheelchair intended for use by persons with impaired mobility, paraplegia or quadriplegia.

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**Definition of a Power Assist Device**

A power assist device is an electrically powered device that can be mounted on a manual wheelchair to provide additional assistance for independent operation.

An attendant/carer controlled electric mobility device is a small electric motorised drive that attaches to a manual wheelchair to assist a carer to propel the wheelchair via controls mounted on the push bars.

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**Ancillary equipment**

RAP does not provide vehicle trailers for EWCs and Scooters.

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**Australian standards**

Prescribed EWCs must conform to Australian Standards AS3695 and AS/NZS3696.

There are no Australian Standards for electric scooters or power assist devices. If Australian Standards are developed for electric scooters or power assist devices, compliance would be required.

Power assist devices should only be used on manual wheelchairs that have a manufacturer's endorsement stipulating compatibility of the device with the wheelchair.

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**Which appliance is appropriate?**

If the entitled person's health provider considers they are likely to require an EWC for indoor use within six months from the date of supply, an EWC should be considered in the first instance.

If, in the opinion of the assessing health provider, an EWC rather than a scooter will be required within six months of the assessment then an EWC should be provided in the first instance.

Power assist devices should be provided only when a scooter or EWC is not a safer, more appropriate option. Attendant/Carer controlled electric mobility devices should only be provided where the carer is not able to propel a manual wheelchair, and the veteran is unable to independently and safely operate an EWC or scooter.

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## Initial request

The initial request for an EWC, scooter or power assist device must be from an LMO/GP or specialist. Where a request is received from another source, the LMO/GP (as the case manager) shall be contacted for their opinion as to the suitability of providing the entitled person with an EWC, scooter or power assist device. The request should be made by the LMO/GP using the form [Medical Questionnaire D9300](#). An accompanying cover letter can be seen at [Attachment A](#),

The GP should return the completed questionnaire to DVA, for the attention of the Departmental Medical Adviser (DMA).

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## Eligibility

Eligibility is set out in *The Treatment Principles* (TPs) 11.3.1 (a):

**11.3.1** Subject to this Part, the Commission will provide or accept financial responsibility for the following appliances only to veterans who have a medically assessed need for these items due to a war-caused injury or disease or a *determined condition* other than a *determined residential care condition*:

- (a) the supply of electric mobility aids, including wheelchairs, or electric scooters and power assist devices;

Subject to 11.3.5 of the TPs the Commission may provide an electric mobility aid to a veteran if they have an assessed clinical need for the appliance due to **malignant neoplasm**.

A DMA shall advise the delegate if the item is considered clinically necessary because of a WCI/AD.

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## Assessment

### **If the entitled person is resident in a private home:**

The primary purpose is to satisfy functional needs.

An Occupational Therapist is required to undertake an assessment and report to the Department on:

- whether or not the entitled person:
  - has a current driver's licence (an electric wheelchair, scooter or electric mobility aid is unlikely to be issued if the entitled person has a current driver's licence) and whether any conditions apply to it;
  - is still driving their car; or
  - has lost their driver's licence, and if so, the reason for the loss; and
  - has a driving history that includes multiple accidents or incidents; and
  - has a carer or other person capable of driving them to and from destinations;
- the actual distance, if any, the entitled person can walk including details of any mobility appliance(s) used;
- the ability of the entitled person to self-propel a manual wheelchair, including details of distance;
- the actual distance a carer can push the entitled person in a manual wheelchair;

- the local terrain that the entitled person would normally be traversing, whether walking or utilising a mobility appliance (including a manual wheelchair);
- the type of EWC, scooter or electric mobility aid that is being recommended and that has been decided in partnership with the entitled person (and/or their carer or representative) following a trial;
- in relation to attendant/carer controlled electronic mobility device, the carer's skills and competencies are sufficient to safely operate the device;
- any necessary training and advice that has been or will be provided; and
- a recommendation for a safety helmet should accompany a recommendation for a scooter; and
- whether or not home modifications are required for access and storage. The Department will not fund home modifications to access storage facilities for scooters.

**If the entitled person is resident in a RACF:**

- Consent from the RACF management must be obtained before an assessment commences.

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**Additional criteria**

The following additional criteria should be met before issuing an Electric Mobility Aid, EWC or scooter .

The entitled person should:

- have a severe and permanent mobility impairment as assessed by an appropriately qualified health provider;
- have the capacity to derive significant improvement in their functional independence through the issue of an EWC, scooter or power assist device;
- have sufficient skills and competencies to operate the EWC, scooter or power assist device in a manner safe to themselves and others.
- in the case of an EWC or power assist device, be unable to propel a manual wheelchair;
- in the case of an attendant/carer controlled electric mobility device, the carer is competent in its operation;
- be able to meet their responsibilities indicated in the section "Entitled Person's responsibilities"

The entitled person should not have reasonable access to viable alternative forms of transport.

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**Notification to the GP**

The LMO/GP must be satisfied that the entitled person is competent and safe in the use of the EWC, scooter or Electric Mobility Aid.

The LMO/GP should be advised of any limitations on the use of the Electric Mobility Aid, EWC or scooter recommended by the OT assessor.

The LMO/GP must notify the Department if the entitled person develops medical problems that may cause his/her use of the EWC, scooter or Electric Mobility Aid to endanger the entitled person or others.

The LMO/GP will receive a copy of the approval letter sent to the entitled person regarding mandatory assessments.

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**Notification to the  
Occupational  
Therapist**

The Occupational Therapist must be satisfied that the entitled person is competent and safe in the use of the EWC, scooter or Electric Mobility Aid. The OT must also agree to schedule – in conjunction with the entitled person – periodic reassessments of their capacity to operate the EWC, scooter or Electric Mobility Aid.

The Occupational Therapist will receive a copy of the approval letter sent to the entitled person regarding mandatory assessments, which can be seen at Attachment B

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**Notification to, and responsibilities of the entitled person**

The advice to the entitled person must include full details of his/her responsibility to transport, maintain, store and use the EWC, scooter or Electric Mobility Aid correctly, as outlined below.

The entitled person shall:

- sign a formal written agreement with the Department to undergo periodic re-assessments by an OT of their capacity to operate the EWC, scooter or Electric Mobility Aid as determined by the prescribing OT at the time of issue, and at each subsequent re-assessment, and agree to the withdrawal of the EWC, scooter or Electric Mobility Aid if the re-assessment finds incapacity to safely operate (see Attachment C);
- undergo further assessments from relevant health personnel to ascertain their competence if an accident should occur;
- keep the EWC, scooter or Electric Mobility Aid in safe working order;
- not undertake or attempt to undertake any repairs to the EWC, scooter or Electric Mobility Aid;
- house the EWC, scooter or Electric Mobility Aid in a fully enclosed, waterproof and lockable area;
- be the sole user of the Electric Mobility Aid, EWC or scooter ;
- not lend, sell, modify, damage, destroy or otherwise dispose of the Electric Mobility Aid, EWC or scooter ;
- use the Electric Mobility Aid, EWC or scooter in accordance with any relevant state and territory laws including road and traffic regulations;
- consider wear a suitable safety helmet when operating a scooter (see AP04);
- report any changes in their medical condition that may affect their capacity to safely operate the Electric Mobility Aid, EWC or scooter to their GP or OT;
- use the Electric Mobility Aid, EWC or scooter safely, and solely for the purpose for which it was designed;
- Power Assist Devices must only be used with manual wheelchairs that have a manufacturer's endorsement stipulating compatibility.

The entitled person is strongly encouraged to organise relevant insurances:

- third party;
- comprehensive; and
- personal injury

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**Limitations of use**

In certain circumstances, the LMO/GP or Occupational Therapist may recommend that the use of an Electric Mobility Aid, EWC or scooter may be limited. Limitations may include:

- the entitled person requiring supervision when using the Electric Mobility Aid, EWC or scooter outside their residential property, aged care facility or retirement village.
- the Electric Mobility Aid, EWC or scooter being used solely during daylight hours;

- the Electric Mobility Aid, EWC or scooter being used outside peak hour traffic.
- The user and their carer should be informed that alcohol, some prescribed medication and drugs may impact on their capacity to operate an Electric Mobility Aid, EWC or scooter.

# Attachment A: Covering letter for medical questionnaire



**Australian Government**  
**Department of Veterans' Affairs**

*Relevant State Office*

Contact: phone:  
Reference: fax:

*Name &  
Address of GP*

Postal Address:  
*Relevant State Office*

Metropolitan Residents:  
Country Residents:

Date:

Dear Dr [Doctor's name]

**Re: [honorific] [first name(s)] [surname]**

I refer to a request that [honorific] [surname] be supplied with an electric scooter by the Department.

The requested aid is subject to legislative requirements and is also for use on public thoroughfares. The latter criterion is similar to the information that would be required by the RTA in an assessment for a licence renewal. The Department wants to ensure that due consideration is given to these factors before a detailed assessment of your request is made. Therefore, you are requested to complete the enclosed questionnaire and return it to:

**[Insert Name of DMA**

**and**

**DVA SO Address]**

The supply of electric scooters and wheelchairs is restricted by this legislation to entitled persons whose lack of mobility is directly related to an accepted war-caused disability or a malignant neoplasm.

When the completed questionnaire has been received, arrangements will be made for him/her to be assessed by an occupational therapist. Included in this assessment will be a trial of a manual wheelchair.

The Occupational Therapist's report will be referred to a Departmental Occupational Therapy Adviser and the Delegate for a decision.

If the supply of the EWC or scooter is approved by the Department, you will receive a copy of the letter sent to the entitled person outlining their responsibility to undertake periodic, mandatory reassessments of their capacity to safely operate the EWC or electric scooter.

Your early reply would be appreciated.

Yours sincerely

*for Deputy Commissioner*

## Attachment B: Letter to recipient re: mandatory periodic reassessments



**Australian Government**  
**Department of Veterans' Affairs**

Mr XXX XXXXXXXX  
X XXX XXXXXXX  
XXXXXXXX XXX XXXX

Dear XXX

I am writing to you regarding your recent assessment for an electric scooter by Occupational Therapist, XXX XXXXXXX. I am pleased to advise you that approval has been granted for this equipment to be loaned to you at Departmental expense.

This letter outlines your obligations as the recipient of a scooter. Please be assured that these obligations are intended to ensure that you derive maximum benefit from the scooter, and that you are able to continue to operate it safely in the days to come.

The firm of XXX, XXXXXXX, will arrange supply and delivery. You should hear from XXX shortly regarding a delivery date.

Please note that the electric scooter remains the property of the Department of Veterans' Affairs, and cannot be disposed of or sold by you.

### **Reassessment**

Because the safety of members of the veteran community and the general public are of first importance, you will need to sign the attached formal written consent with the Department agreeing to undergo periodic re-assessments by an Occupational Therapist or General Practitioner of your ability to safely operate the scooter.

When the re-assessment occurs will be determined by your Occupational Therapist or General Practitioner at the time they recommend the provision of your scooter, and at each re-assessment after that. Please be aware that your scooter may be withdrawn if the re-assessment concludes that you are unable to operate it safely.

Based on the initial assessment, the loan of the scooter will be for XXX months from the date of supply; that is from X XXX 200X to X XXX 200X. Shortly before the end of this period, a re-assessment will be arranged with you and an Occupational Therapist or General Practitioner by the Department. The re-assessment will be free of charge, and will determine the length, if any, of the extension of the loan.

Again, because your safety and that of the veteran community is of first importance, you will also need to:

- undergo further assessments from your Occupational Therapist or General Practitioner if an accident should occur;
- obtain prior financial authorisation from the Department before arranging any repairs to the scooter;
- refrain from making any repairs to the scooter;
- house the scooter in a fully enclosed, waterproof and lockable area;
- be the sole user of the scooter;
- not lend, sell, modify, damage, destroy or otherwise dispose of the scooter;
- use the scooter in accordance with road and traffic regulations;
- wear a suitable safety helmet when operating the scooter;
- report any changes in your medical condition(s) that may affect your capacity to safely operate the scooter to your General Practitioner or Occupational Therapist; and
- use the scooter safely, and solely for the purpose for which it was designed.

The General Practitioner or Occupational Therapist undertaking the original assessment, or any re-assessment may also recommend that some restrictions should be placed on your use of the scooter for safety reasons, including:

- requiring that you are assisted when using the scooter outside your home;
- the scooter being used only during the day; and
- the scooter not being used in heavy traffic.

Your scooter may also be withdrawn if it is damaged as a result of attempts to modify it.

An agreement to these conditions, as well as a form acknowledging the loan of the scooter from the Department are enclosed. You should sign these as soon as you are able, and return them to the Department in the prepaid envelope provided.

Please be aware that you must sign and return the agreement and the acknowledgement of loan from the Department as soon as you are able to avoid delay in the supply of the scooter.

Repairs and maintenance to the scooter following the cessation of any warranty period set by the supplier should be arranged through the Department. You should contact the Department for authorisation prior to arranging servicing or repairs. The Department will cover any reasonable costs in these regards.

Finally, you are strongly encouraged to organise relevant insurances:

- third party;
- comprehensive; and
- personal injury.

A copy of this letter has been provided to your Occupational Therapist and General Practitioner, and you are advised to retain a copy of it and the attached forms for your records.

If you have any questions relating to the scooter or anything in this letter please contact me on (0X) XXXX XXXX.

Yours sincerely

XXX XXXXXX  
Manager Rehabilitation Appliances Program  
Date

**ACKNOWLEDGMENT OF RECEIPT OF ELECTRIC SCOOTER**

I ..... of .....

.....

acknowledge receipt of an electric scooter on loan from the Department of Veterans' Affairs and further acknowledge that the scooter remains the property of the Department of Veterans' Affairs and may not be sold or otherwise disposed of by me.

Signed .....  
(print name)

Date / /

Please sign and return this form as soon as possible in the enclosed pre-paid envelope.

**AGREEMENT TO CONDITIONS OF SUPPLY**

I ..... of.....

.....

being the recipient of an electric scooter on loan from the Department of Veterans' Affairs, agree to and accept the conditions outlined in the letter accompanying this form, including the requirement for mandatory periodic re-assessments of capacity to operate, and any restrictions which may hereafter be placed on my use of this scooter by the prescribing Occupational Therapist or General Practitioner, or in the event of their unavailability, such other Occupational Therapist or General Practitioner as the Department may nominate.

Signed .....

(print name)

Date / /

Please sign and return this form as soon as possible in the enclosed pre-paid envelope.

CHAPTER 8

**National Guideline**

for

**Home Modifications – Complex**  
**(RAP Schedule No AL15)**

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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### **Objective**

Home modifications are intended to enable the entitled person to remain in their home with enhanced independence and safety; and

- reduced dependency upon a carer; and
- reduced likelihood of admission to care.

---

### **Definition of home modification**

Home modifications are defined as partial changes to an existing dwelling that enable the entitled person to achieve the objectives above.

---

### **Australian Standards**

Where appropriate, all modifications should meet State government and local government building standards. Wherever possible and appropriate, modifications should meet either of the following standards:

- AS4299-1995 Adaptable Housing; or
- AS1428-2001 Design for Access and Mobility.

All electrical work in wet areas should comply with AS/NZS 3018:2001. If other Australian standards are developed, compliance is required.

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### **Prior financial approval**

Subject to the Treatment Principles, the Department will be financially responsible only for those modifications for which it has provided prior financial approval. Refer to RAP Schedule Items AL15.

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### **Further eligibility**

Entitled persons may not be eligible for major home modifications if they have received an insurance settlement which should encompass their home modification needs, or when a claim is pending. In the latter instance, however, the Department generally claims against the settlement.

Entitled persons resident in an institution (including a retirement village) will not normally be eligible for major home modifications. For further details see “retirement villages” below under “types of residence”.

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### **Assessment**

A request for major home modifications should be accompanied by an **assessment** and **report** by an Occupational Therapist.

The assessment and report should consider the:

- Additional criteria;
- Australian standards;
- builder’s qualifications;
- residential status (*see next section*);
- entitled person’s consent;
- potential for change of residence; and
- relevant state building codes.

---

**Additional criteria**

- The entitled person's inability to use certain necessary facilities within their home is permanent.
- Non-structural modifications and RAP aids and appliances are inadequate to the purpose.
- Assistance from carers and community services are inadequate to the purpose.
- The residence to be modified should be the entitled person's primary residence.
- In the judgement of the delegate, the entitled person is likely to remain living in the residence for the foreseeable future.
- The residence should be structurally sound and able to be modified safely.
- The property needs to be of sufficient structural soundness as to accommodate the modifications.
- Having regard to the entitled person's illnesses, injuries and disabilities, the need for the modifications could not have been reasonably foreseeable at the time of purchase.
- Relocation to a more suitable residence is not viable.
- In respect of a fixed ramp, the entitled person should be unable to safely negotiate steps.

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**Registered tradespersons**

Input from State-registered and licensed builders should be obtained during the preparation of the quotation, particularly for complex modifications.

Only licensed or registered builders may undertake major home modifications. Entitled persons can contact the Veterans' Home Maintenance Helpline (VHML) for details of local registered builders. Phone DVA for the cost of a local call on 133 254 or 1800 555 254 for country callers.

The entitled person calling the VHML should verify that the builder is registered.

## Types of residence

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**Introduction**

Consideration must be given to the type of residence prior to approving home modifications.

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**State-owned housing**

The Department does not provide home modifications to Government-owned homes. The responsible State/Territory housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.

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**Private rental accommodation**

Delegates will consider the length of time the entitled person has lived in the residence. If less than five years, and / or the entitled person has moved house on a regular basis, consideration should be given to either minor modifications or moving to a more suitable residence.

The owner of the rental accommodation will be provided with the specifications and drawings of the scope of work to be done. The owner should indicate in writing:

- agreement to the work proceeding;
- agreement to the specifications of the modifications;
- not to seek financial assistance for the restoration of the property to its former state when modifications are no longer required; and
- that the entitled person will be able to remain in the residence for at least five years.

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**Owner-occupied residence**

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Strata title may be approved after consideration of relevant circumstances, such as whether the modifications will intrude onto common or shared space.

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**Retirement villages**

Delegates could approve modifications if the resident could not reasonably have foreseen – in light of their existing medical conditions – that such modifications would either be necessary on entering a particular residence, or become necessary in order for them to remain living in that residence.

This discretion enables the delegates – where there is some element of doubt – to take individual circumstances into account and make a considered decision.

- Agreement in writing by the retirement village operator is necessary.

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**Lifestyle villages**

These are frequently marketed as “resort style” living and are principally targeted at active over 50s with less emphasis on provision of aged care services such as PRS and emergency medical treatment.

In the event that such an institution markets itself as *not* providing *any* form of aged care service – PRS, personal care/nursing assistance, mobility and functional support equipment etc – then consideration *may* be given to the installation of home modifications. The delegate should also confirm that the facility is not a “retirement village” for the purposes of the VEA.

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Or if applicable

- Agreement in writing by the retirement village operator is necessary.

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## **Parks**

These may comprise:

- privately owned, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements; or
- leased, prefabricated, relocatable homes located on leased land within a park complex, similar to a caravan park but without short-stay (less than three months) arrangements.

If the park is not restricted to retired persons and offers no aged care service then it may fall outside the scope of the relevant State/Territory retirement villages' legislation. In that case, it is appropriate to treat the dwelling as an ordinary house. Such dwellings may be eligible for home modifications if the residence was purchased before knowledge of any foreseeable problems that might arise from a disability (related to the need for a modification) or the degenerative nature of the disability could not reasonably have been foreseen.

Rental park dwellings have more limited eligibility. They are privately owned rental assets located on leased ground. If DVA were routinely to pay for home modifications in such dwellings, it would be value adding to a privately owned rental asset which may well be occupied in the future by a person with no RAP eligibility, but who would nonetheless have the benefit and enjoyment of the modification(s). Therefore, home modifications would only be considered for long-term residents who are assessed as likely to remain in the rental park dwelling for five years.

Where accommodation is owner-occupied, the owner should agree in writing to the following:

- that the work may proceed;
- that the specifications of the modifications will meet the needs of the entitled person; and
- that the owner will not seek financial assistance for the restoration of the property to its former state when the modifications are no longer required.

Or if applicable

- Agreement in writing by the retirement village operator is necessary.

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**Liability for the standard of workmanship**

The Department does not accept liability for the standard of the workmanship. There are a number of dispute resolution mechanisms available through trade associations should there be disagreement about the standard of workmanship.

## Extent of modifications

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**Introduction**

The Department will usually only pay for basic modifications. For example, entire floors will not be retiled if matching tiles are unavailable. The closest match to existing tiles is usually considered adequate.

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**Utilities**

The Department does not normally finance the connection of basic utilities (water, sewerage, electricity and gas) where they were not connected previously. If an existing utility should be changed or moved to enable an alteration to be functional, then the Department will accept responsibility (as examples: the removal of a bathtub and the installation of a hobless shower recess, the grading of a floor, the installation of new hand shower fittings).

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**Relocation of toilets as part of bathroom modifications**

Toilets may be moved within the same room, but the Department will not normally pay for them to be relocated from outside or from opposite ends of the house. This would constitute the connection of a utility and would probably be outside the scope of consideration. In situations such as these, the provision of suitable aids or equipment, such as a porta-potty or commode, should be considered. In **exceptional** circumstances, toilet relocation may be provided at the discretion of the Director, RAP Operations and Policy.

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**Home maintenance**

The Department does not pay for the repair of existing structures as this is classified as the homeowner's responsibility.

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**Access modifications**

Modifications are normally provided to one access route only.

Where an entitled person's physical ability has altered from independent walking with or without equipment to reliance on a wheelchair, an access path may be widened and may be extended. The extension will only be provided to gain direct access to the house.

## After the work has been completed

### Inspection of modifications

The assessing occupational therapist should inspect the work upon completion to determine that the modifications meet the specifications. This should occur **before** payment is made for the work.

### Entitled person's responsibilities

Except for the items affected by the modifications, the entitled person is responsible for normal household items (e.g. mirrors, soap holders, towel rails, fans, lights, heaters and hot water services, security doors and windows). The Department will not pay for the cost of non-essential items, such as a spa bath or an additional toilet. This should be clearly stated in the specification.

If an entitled person chooses to change the decor at the same time as the essential modifications are carried out, these changes should be quoted separately to the entitled person before the work begins and will **not** be funded under RAP.

## Additional information

### Defence Service Home Loans

Defence Service Home (DSH) loans may be available to eligible entitled persons to pay for the cost of any additional work which is carried out at the same time as the authorised home modifications.

Entitled persons should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.

### Home Support Loans

Home Support Loans (HSLs) are a possible source of funds for entitled persons to pay for the cost of any additional work.

Entitled persons advised of this option should check their eligibility and/or entitlement before agreeing to pay for the cost of any additional work. Further information is available from the DSH National Processing Centre, freecall 1800 722 000.

### Pension lump-sum advances

A possible additional source of funds for additional home modifications is a pension lump-sum advance. Recipients of DVA pensions and income support supplement may be eligible for one such advance per year from the Department.

CHAPTER 9

**National Guideline**

for

**Recliner Chairs**

(RAP Schedule Nos AC06 )

**NOTE:** PRIOR APPROVAL IS **NOT REQUIRED** FOR THE SUPPLY OF THIS ITEM. HOWEVER ADDITIONAL CRITERIA APPLY THAT DELEGATES AND ASSESSING HEALTH PROVIDERS SHOULD BE AWARE OF.

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**Definition of a Recliner Chair**

An electric recliner chair is an electrically operated chair intended for use by persons with a permanent inability to transfer or sit erect.

**NB: Heating/massaging units are not provided.**

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**Ancillary equipment**

Recliner chairs come with a footrest and back support, which may require customisation. Accessories may be supplied e.g. neck supports.

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**Australian Standards**

There are no Australian Standards for recliner chairs. If Australian Standards are developed, compliance would be required.

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**Initial request**

The initial request for a recliner chair should come from an appropriately qualified assessing health provider. The request should provide all the necessary clinical information.

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**Issues to consider**

Prior to recommending a recliner chair, a number of issues should be considered:

- eligibility;
- assessment; and
- additional criteria.

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**Assessment**

An assessment and report by the assessing health provider is required to:

- retain clinical information to support the request;
- conduct a home assessment to assess suitability of existing furniture (ie can another chair be modified to suit the client's needs);
- determine if other Schedule RAP items have been considered to address the client's needs;
- decide, in partnership with the potential user (and/or their carer) which type of recliner chair is the most appropriate;
- trial the chair, if necessary, to determine the suitability and the entitled person's ability to operate the recliner chair safely; and
- arrange any necessary training and provide advice.

Assessment should also include:

- the entitled person's ability to safely transfer in and out of the chair;
- their ability to sit in an erect position;
- their ability to operate the chair safely;
- trial(s) of simpler equipment for example other types of high back chairs, chair raises.

The entitled person's home should be assessed to:

- determine whether there are alternative chairs in the home capable of performing the same function; and
- identify safety hazards.

The assessing health provider must retain information in the entitled person's records to support the clinical need for an electric recliner chair.

---

**Additional criteria**

The following criteria should be met before prescribing an electric recliner chair:

- Due to a clinical condition, the entitled person is unable to safely and independently transfer to and from an appropriate height chair; and
- Due to a clinical condition, the entitled person is unable to sit erect in an appropriate chair.

Before prescribing, the entitled person should have undergone a physiotherapy assessment to determine if function can be improved and, if so, a trial of treatment should be undertaken. Copies of the assessment and trial results should be kept with the clinical notes and made available if requested.

---

**Reasons for not issuing equipment**

Electric recliner chairs cannot be approved:

- when the clinical needs can be met by current furniture or by modifying current furniture;
- for comfort only;
- primarily for use as a bed; or
- primarily for management of lower limb oedema\*.

\*Assessing health providers should be mindful that when treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes calf pumping exercises, regular walks and the elevation of lower limbs on a bed.

CHAPTER 10

**National Guideline**

for

**Stairlifts**

(RAP Schedule No. AL05 and AL07)

**NOTE: PRIOR APPROVAL FROM THE DEPARTMENT IS REQUIRED BEFORE THE SUPPLY OF THIS ITEM.**

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**Definition of a Stairlift**

A stairlift is any type of electrical, hydraulic or battery-operated stair mobility equipment that assists an individual while sitting or standing to access different levels in their home (internally and externally).

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**Use of a Stairlift**

A stairlift may be provided for an individual's use in their own home subject to the criteria within this Guideline.

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**Types of Stairlifts and accessories**

There are six different types of stairlifts listed in RAP Schedule AL05 and AL07. They are:

1. Stairchair
2. Wheelchair Platform Lifts (for step rail)
3. Inclinator
4. Waterlift
5. Stairclimber
6. Vertical Platform Lift

**1. Stairchair (AL05)**

A stairchair may be defined as a seat attached to the banister, which when activated, will go up and down a staircase.

Stairchairs are most commonly used in private dwellings. When the person requiring a stairchair uses a mobility aid such as a walking frame or wheelchair, it is essential to have this aid at each level for independent mobility. Ability to transfer on/off the stairchair (presently and in the future) needs to be considered. The controls are usually located on the arms of the chair, and also at either end of the staircase. Different models are available for indoor and outdoor use. Some stairchairs have swivel seats for easier transferring.

**2. Wheelchair Platform Lifts (AL05)**

A Wheelchair Platform Lift may be defined as a platform device, when activated, transports a wheelchair up and down a staircase.

Wheelchair Platform Lifts are more commonly installed in public areas as a wider stairway is required, although they may also be installed in a private home. The platform folds against the wall when the lift is not in use, providing clear access to the stairwell.

Attendant and carer controls can be provided on all lifts, and are especially necessary in a public area. The platform lift will have access and exit ramps to be used at landings. These can be operated electrically or mechanically. Different models are available for indoor and outdoor use.

**3. Inclinator (AL05)**

Inclinator are designed to transport people up steep slopes. The inclinator can operate over angles up to 45 degrees (or gradient of ½). The inclinator is operated by control buttons. It can be stopped or reversed as desired and the carriage can be called from one level to another.

#### **4. Waterlifts (AL05)**

A waterlift is a hydraulic elevator that can be installed internally or externally. There are state restrictions pertaining to the installation of waterlifts, for example the NSW building code does not allow such devices.

#### **5. Stairclimbers (AL05)**

Stairclimbers are individual pieces of equipment that assist a person up and down the steps, but are not installed fixtures.

#### **6. Vertical Platform Lifts (AL07)**

Vertical Platform Lifts are installed adjacent to vertical walls, and travel up and down. The platform finishes flat against the floor, and the user embarks and disembarks onto an even surface.

There are several different types of vertical platform lifts available, depending on the environment. Vertical lifts can be internal or external.

There is an Australian Standard AS1735 which covers lifts, and Part 14 of this Standard specifies requirements for machine-driven low-rise platforms which raise people to a vertical point of 600mm. Part 15 of AS1735 applies to vertical platforms which raise people to heights exceeding 600mm. These latter lifting devices are subject to approval by Workcover Authority, and are required for inspection, both after installation and prior to human use.

**NB: Vertical Platform Lifts will only be supplied in respect of a war caused injury or disease/accepted disability.**

**This applies to both Gold and White Card holders.**

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#### **Australian Standards**

Stairchairs, Wheelchair Platform Lifts and Inclinator are covered by AS1735.12.

Vertical Platform Lifts are covered by AS1735, in particular Parts 14 & 15.

Waterlifts are covered by AS1735, in particular Parts 3 & 17: "Electrohydraulic lifts" and "Waterdrive lifts".

Stairclimbers are not covered by an Australian Standard. If Australian Standards are developed, compliance will be required.

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#### **Governing Body**

Each State and Territory has an agency that oversees the installation and subsequent periodic inspections of stairlifts. An annual fee may be payable for registration. The Department will meet this expense.

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#### **Accommodation with shared access**

The Department does not supply stairlifts to entitled persons who require the stairlift to be installed on a public access route.

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**Assessment**

An assessment and report by an Occupational Therapist is required to:

- provide clinical, functional and cognitive information to the Department to support the need for a stairlift; *and*
- decide, in partnership with a supplier and the entitled person (and/or their carer/representative), which type of stairlift is most suitable; *and*
- provide advice and any necessary training for the entitled person/carer; *and*
- advise the entitled person/carer that the Department may not fund the repairs or make good the area when the stairlift is removed.

---

**Criteria**

The following criteria should be met before approval will be given for the issue of a stairlift:

- A ramp or similar construction is not a suitable option
- The entitled person should:
  - be permanently incapable of negotiating stairs without risk of injury to themselves or others;
  - be unable to relocate to more suitable accommodation because existing social supports cannot be replicated at the new location;
  - own their own home which should be an individual residence that does not share access with other buildings;
  - not have been reasonably able to judge that access was likely to become an issue; and
  - be unable to relocate to other accessible areas of the house.

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**Notification to the Health Provider**

The notification to the Health Provider should include details regarding their responsibility to undertake regular reviews of the entitled person's condition in order that he/she continues to meet the criteria.

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**Notification to the entitled person**

The notification to the entitled person should include:

- details of the entitled person's responsibilities as listed in the section "Entitled Person's Responsibilities"; and
- advice that the stairlift remains the property of the Department, and that the Department has the right to withdraw it if:
  - the entitled person ceases to meet the criteria, or
  - the entitled person no longer requires the stairlift; and
- advice that the entitled person or their estate may be responsible for "making good" following the removal of the stairlift; and
- advice that the entitled person is responsible for using the stairlift in a safe manner, according to the regulations outlined by the OT, the supplier and/or the governing body; and
- advice that preventative maintenance is the responsibility of the supplier.

**RAP National Guidelines**

*Table of Changes*

<b>Deleted Guidelines</b>	<b>Recommended changes and reasons</b>
<p>Customised manual wheelchairs</p> <p>Personal Response Systems</p> <p>Pressure care mattresses</p> <p>Personal Lifting Devices (Hoists)</p> <p>Water Chairs/Pressure Relief Chairs</p> <p>High-level Pressure Care Cushions</p>	<p>The consensus of the Review Panel and of senior RAP Operations and Policy Staff was that these Guidelines added nothing beyond that which occurred in the normal course of the assessment and provision process and so served no useful purpose.</p>
<b>Amended Guidelines</b>	
<p>All Guidelines</p>	<p>Information of a general nature that was repeated in each Guideline has been consolidated and moved to the front of the document at pp. 3-4. This includes an overview of the purpose of the Guidelines and information on:</p> <ul style="list-style-type: none"> <li>• Their Legislative basis;</li> <li>• Recipients of residential and community care;</li> <li>• Hospitals;</li> <li>• Eligibility;</li> <li>• Issues to be considered before supplying a RAP aid or appliance;</li> <li>• Notifications;</li> <li>• Order forms;</li> <li>• Usage;</li> <li>• Maintenance and repairs; and</li> <li>• Return of an aid or appliance when no longer required.</li> </ul> <p>In addition, all distinction between clinical, social, and functional criteria has been removed, and the criteria have been significantly streamlined to remove incorrect classification, excessive prescription and proscription, and repetition</p> <p>Reference is now made to “additional criteria”, that is to say criteria in addition to basic eligibility criteria (eg Gold or White Card, accepted disability)</p> <p>Finally, reference to LMO have been amended throughout to read “LMO/GP”.</p>
<p>Adjustable beds</p>	<p>The definition has been amended to:</p> <ul style="list-style-type: none"> <li>• Remove references to mechanically and hydraulically operated beds.</li> <li>• Add a new section that states single beds only shall be supplied</li> </ul>

	unless there is an assessed clinical need to the contrary.
Assistive communication devices	The definition has been amended to include tablet computers and smart phones for the purposes of running speech pathology applications.
Closed circuit televisions	The section entitled “assessment” has been amended to delete reference to the provision of information on social and community support systems.
Vehicle modifications	<p>The following passage was previously in the section entitled “Eligibility”:</p> <p style="padding-left: 40px;">If a DMA, on receipt of a LMO’s case history, has any doubts as to whether or not the entitled person’s assessed clinical need for car modifications is actually due to an accepted WCI, the entitled person should be referred to a relevant medical specialist for an opinion.</p> <p>It was not included in the new section entitled “Special eligibility requirements”</p>
Driving assessments	References to “occupational therapist with post-graduate qualifications in driving assessment” have been changed to “certified driving Occupational Therapist”.
Electric scooters and electric wheelchairs	<p>The definition has been amended to:</p> <ul style="list-style-type: none"> <li>• Remove “Their use is normally restricted to outdoor activities within the local environment”.</li> <li>• Remove “An electric wheelchair (EWC) is an electrically powered wheelchair intended for use by persons with disabilities, to improve their mobility in carrying out their daily living activities” and</li> <li>• Substitute “An electric wheelchair (EWC) is an electrically powered wheelchair intended for use by persons with impaired mobility, paraplegia or quadriplegia.”</li> </ul> <p>In the section entitled “Notification to the Occupational Therapist” the following sentence has been added:</p> <ul style="list-style-type: none"> <li>• The OT will receive a copy of the approval letter sent to the entitled person regarding mandatory assessments.</li> </ul>
Home modifications - complex	<p>The section entitled “Objective” has been recast as follows:</p> <ul style="list-style-type: none"> <li>• Home modifications are intended to enable the entitled person to remain in their home with enhanced independence and safety; and</li> <li>• reduced dependency upon a carer; and</li> <li>• reduced likelihood of admission to care.</li> </ul> <p>The section entitled “Definition of a home modification” has been recast as follows:</p> <p style="padding-left: 40px;">Home modifications are defined as partial changes to an existing dwelling that enable the entitled person to achieve the objectives above.</p>

	<p>The section entitled “Types of Residence” has been recast to include guidance for the provision of complex home modifications in:</p> <ul style="list-style-type: none"> <li>• State-owned housing;</li> <li>• Private rental accommodation;</li> <li>• Owner-occupied residences;</li> <li>• Retirement villages;</li> <li>• Lifestyle villages; and</li> <li>• Parks.</li> </ul>
<p>Recliner chairs</p>	<p>The definition has been recast as follows:</p> <p style="padding-left: 40px;">An electric recliner chair is an electrically operated chair intended for use by persons with a permanent inability to transfer or sit erect.</p> <p style="padding-left: 40px;">NB: Heating/massaging units are not provided.</p> <p>The section entitled “Assessment” has been recast with a view to ensuring that recliners chairs are supplied only on the basis of a genuine, assessed clinical need. Further to this end, the new “Additional criteria” is cast with the same view in mind.</p>
<p>Stairlifts</p>	<p>Vertical platform lifts now have a separate RAP Schedule category and may only be supplied on the basis of clinical need in relation to a war-caused injury or disease.</p>